



# OFFICE OF MUNICIPAL CLERK

April 22, 2004

55 TRINITY AVENUE, S.W. SECOND FLOOR, EAST SUITE 2700 ATLANTA, GEORGIA 30335 (404) 330-6033 FAX (404) 658-6103

RHONDA DAUPHIN JOHNSON, CMC MUNICIPAL CLERK

> Earnest Dumas 1408 Westboro Drive Atlanta, GA 30310

04-R-0565

### Dear Mr. Dumas:

I sincerely regret that you have been adversely affected by the circumstances raised in your claim for damages against the City of Atlanta. Your time and patience in this matter has been greatly appreciated.

However, I must notify you that the Atlanta City Council Adopted an Adverse Report on your claim at its regular meeting on April 19, 2004. In consultation with the City's Law Department, who conducted an investigation of the situation, the Council has determined that the City cannot accept responsibility for this matter and therefore cannot pay this claim.

If you desire any further information, please contact the City Attorney's Office/Claims Division at (404) 330-6400.

Yours very truly

Rhonda Dauphin Johnson, CMC

Municipal Clerk

cc: Claims Division/Law Department

Thorda Lauphin Johnson

## Atlanta City Council

# Regular Session

CONSENT I PG(S) 1-18, EXCEPT:04-R-0538 04-O-0487 04-R-0473 ADOPT

YEAS: 14
NAYS: 0
ABSTENTIONS: 0
NOT VOTING: 2
EXCUSED: 0
ABSENT 0

Y Smith Y Archibong Y Moore Y Mitchell Y Starnes NV Fauver Y Martin Y Norwood Y Young Y Shook Y Maddox Y Willis Y Winslow Y Muller Y Boazman NV Woolard

# **DEPARTMENT OF LAW - CLAIM INVESTIGATION SUMMARY**

| Claim No. <u>02L0739</u>  | Date: March 9, 2004  |  |  |
|---|--|--|--|
| Claimant /VictimEARNEST DUMAS   |  |  |  |
| RY: (Atty)(Ins. Co.)  |  |  |  |
| Address: 1408 Westboro Drive, Atlanta, G Subrogation: Claim for Property damage \$ 15 | eorgia 30310   |  |  |
| Subrogation: Claim for Property damage \$ 15  | .00 Rodily Injury \$                                       |  |  |
| Date of Notice: 10/14/02 Method: Writte   | n proper X Improper  |  |  |
| Date of Notice: 10/14/02 Method: Writte Conforms to Notice: O.C.G.A. §36-33-5 X       | Ante Litem (6 Mo.) X                                       |  |  |
| Date of Occurrence 09/23/02 Place:  | 1408 Westhoro Drive  |  |  |
| Department Watershed Management   | Bureau: Storm Water Compliance                             |  |  |
| Employee involved   | Disciplinary Action:                                       |  |  |
|   | Stootpiniary Flotton.                                      |  |  |
| NATURE OF CLAIM: The claimant alleges his proper                                      | ty was damaged due to flooding on the above date. The      |  |  |
| investigation determined that the City had no notice of any                           | y problems with the storm sewers prior to the date of the  |  |  |
| claimant's incident. Furthermore, it was determined that t                            | he flooding was due to a rain event, for which the City is |  |  |
| not liable pursuant to O.C.G.A. §36-33-1.   | the morning was due to a rain event, for which the city is |  |  |
|   |  |  |  |
| INVESTIGATION:  |  |  |  |
|   |  |  |  |
| Statements: City employee Claimant  | Others Written Oral  |  |  |
| Statements: City employee Claimant Pictures Diagrams Reports: Police                  | Dept Report X Other  |  |  |
| Traffic citations issued: City Driver   | Claimant Driver  |  |  |
| Citation disposition: City Driver   | Claimant Driver  |  |  |
| •   |  |  |  |
| BASIS OF RECOMMENDATION:  |  |  |  |
|   |  |  |  |
| Function: Governmental X  | Ministerial  |  |  |
| Function: Governmental X More than Six Months   | Other X Damages reasonable                                 |  |  |
| City not involved Offer rejected  | Compromise settlement                                      |  |  |
| Repair/replacement by Ins. Co.  | Repair/replacement by City Forces                          |  |  |
| Claimant Negligent City Negligent   | Joint Claim Abandoned                                      |  |  |
|   |  |  |  |
|   | Respectfully submitted,                                    |  |  |
|   |  |  |  |
|   |  |  |  |
|   |  |  |  |
|   | Manuel line level  |  |  |
|   | INVESTIGATOR - DIANNE C. MITCHELL                          |  |  |
|   |  |  |  |
| RECOMMENDATION:   |  |  |  |
|   |  |  |  |
|   | charged: 1A012J012H012P01                                  |  |  |
| Claims Manager: // Mulling State  | Concur/date <u>03/17/04</u>                                |  |  |
| Committee Action:   | Council Action   |  |  |

FORM 23-61

**RE: CLAIM FOR DAMAGES** 

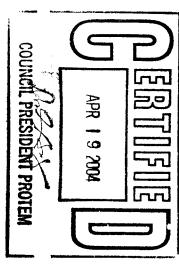
| COUNCIL OF THE CITY OF ATLANTA | Α |
|--------------------------------|---|
| MUNICIPAL CLERK                |   |
| City Hall                      |   |
| 55 Trinity Avenue, S.W.        |   |
| Atlanta, Georgia 30335         |   |

ENTERED - 10-18-02 - SB02L0739 - DIANNE MITCHELL

| Dear | Mu | nicip | al C | lerk |
|------|----|-------|------|------|
|------|----|-------|------|------|

| Dear Municipal Ci  | егк:   |   |   |   |                          |
|--|--|---|---|---|--------------------------|
| This is to notify the  | City of Atlanta that I<br>bodily injury for which  | have suffered dam<br>h I contend the Cit  | ages in the amount sum  | of\$ 15-00  | property and /or         |
| 1. Date of incident  | 9-23-900   | 2. Time o   | f Incident: Dc  | 3. Police called:Y  | _ ND                     |
|  |  |   |   | <u> </u>  | es No                    |
| 4. Location of incid   | dent (including street a<br>surance company:,<br>how incident occurred:  | ddress):  | OUT HINES   | 1-1409-WRS  | J. BOROR                 |
| 5. Name of your in   | surance company:   | INSUI   | REALES I  | Policy No. 921-29   | 4766                     |
| A 4  |  |   | <u> </u>  | , BASME   | 2)nT                     |
| And to   | Loud 134   | SAMELE  | AMG-EA  | ME, Up.   | JAIR                     |
| H 1300   | T. Four  | 1. 575  | PINTH   | E BAS, M  | ヒップ                      |
| M. LA.   | MF. FT.  | cm TH   | ESTA  | MITINYA   | 2 Rd                     |
| 7. ALL ESTIMAT   | ES AND DAMAGES A   | RE SUBJECT TO   |   | AAKING OF FALSE CLA   |                          |
|  |  |   |   |   |                          |
|  |  |   | nages, complete the follo<br>e current tag receipt or                               | owing and attach two (2) e title).  | stimates of              |
|  | of of ownership of your  | vehicle (copy of th   | e current tag receipt or  | title).   |                          |
| repair and proo  |  |   |   |   |                          |
| repair and proo  | of of ownership of your  | vehicle (copy of th   | e current tag receipt or  | title).   |                          |
| repair and proo  | of of ownership of your  | vehicle (copy of th   | e current tag receipt or<br>(Tag Number)  | title).   | nme)                     |
| repair and proo  | of ownership of your (Make)  | vehicle (copy of the  | e current tag receipt or<br>(Tag Number)  | title).<br>(Driver's Na   | nme)                     |
| repair and proo  | of ownership of your (Make)  | vehicle (copy of the  | e current tag receipt or<br>(Tag Number)  | title).<br>(Driver's Na   | nme)<br>reau)            |
| repair and proo Your vehicle: City vehicle: 9. Witness: 10. The acknowledge  | of of ownership of your  (Make)  (Make)  (Name)  gement of this claim in 1   | (Year) (City Driver   | (Address)   | (Driver's Na  (Department/But  (Telephone Num   | nme)<br>reau)<br>nber)   |
| repair and proo Your vehicle:  City vehicle:  9. Witness:  10. The acknowledge State law, nor i  | of of ownership of your  (Make)  (Make)  (Name)  gement of this claim in 1   | (Year)  (City Driver)  no way waives the solity on behalf of the                          | (Tag Number)  's Name)  (Address)  sovereign immunity of the City of Atlanta and /  | (Driver's Na  (Department/But  (Telephone Num   | nme)<br>reau)<br>nber)   |
| repair and proof Your vehicle: City vehicle: 9. Witness: 10. The acknowledge State law, nor in the state should the state should the state should be state should be state should be state should be | (Make)  (Make)  (Name)  gement of this claim in a sit an admission of liable limmediate                                      | (Year)  (City Driver)  no way waives the sollity on behalf of the address shalf THE ABOVE | (Tag Number)  ('s Name)  (Address)  sovereign immunity of the City of Atlanta and / | (Driver's Na  (Department/But  (Telephone Num  the City of Atlanta, as gran or its employee(s). | nme) reau) mber) nted by |
| repair and proof Your vehicle: City vehicle: 9. Witness: 10. The acknowledge State law, nor in the state should the state should the state should be state should be state should be state should be | (Make)  (Make)  (Name)  gement of this claim in a sit an admission of liable dimmediate  (EAR OR AFFIRM THON IS TRUE AND COR | (Year)  (City Driver or billity on behalf of the address shart THE ABOVE RRECT.           | (Tag Number)  (Tag Number)  (Sovereign immunity of the City of Atlanta and /        | (Driver's Na  (Department/But  (Telephone Num  the City of Atlanta, as gran or its employee(s). | nme) reau) nber) nted by |
| repair and proof Your vehicle: City vehicle: 9. Witness: 10. The acknowledge State law, nor in the state should the state should the state should be state should be state should be state should be | (Make)  (Make)  (Name)  gement of this claim in is it an admission of liable dimmediate  (EAR OR AFFIRM THON IS TRUE AND COR | (Year)  (City Driver)  no way waives the sollity on behalf of the address shalf THE ABOVE | (Tag Number)  (Tag Number)  (Sovereign immunity of the City of Atlanta and /        | (Driver's Na  (Department/But  (Telephone Num  the City of Atlanta, as gran or its employee(s). | nme) reau) nber) nted by |
| repair and proof Your vehicle: City vehicle:  9. Witness:  10. The acknowledge State law, nor in 11. This claim should I HEREBY SWINFORMATION  | (Make)  (Make)  (Name)  gement of this claim in is it an admission of liable dimmediate  (EAR OR AFFIRM THON IS TRUE AND COR | (Year)  (City Driver or billity on behalf of the address shart THE ABOVE RRECT.           | (Tag Number)  (Tag Number)  (Sovereign immunity of the City of Atlanta and /        | (Driver's Na  (Department/But  (Telephone Num  the City of Atlanta, as gran or its employee(s). | nme) reau) nber) nted by |

04-R -0565



Entered - 10/18/02 - sb CL02L0739 - DIANNE C. MITCHELL

CLAIM OF: EARNEST DUMAS

1408 Westboro Drive Atlanta, Georgia 30310

04- € -0565

For damages alleged to have been sustained as a result of flooding on September 23, 2002 at 1408 Westboro Drive.

# THIS ADVERSED REPORT IS APPROVED

APR 1 0 2001

MUNICIPAL CLERK

BY: \_\_\_\_

JERRY L. DELOACH DEPUTY CITY ATTORNEY

# ADVERSE REPORT

PUBLIC SAFTEY &

LEGAL ADMINISTRATION, COMMITTEE

DATE:

CHAIR:

DVERSE

Carla Transform

ph/818=